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ABSTRACT

Pertinent information concerning the need for death education in the schools from the early elementary level and beyond is provided in this annotated bibliography. The first section deals with viewpoints of death and dying from different groups: children, adolescents, young adults, and the terminally ill. In the second section, approaches to the development and implementation of death education are discussed. These approaches are categorized as applicable to the above mentioned groups. The third section deals with teaching the terminally ill child. Appendixes contain questionnaires and inventories used in the study, curriculum suggestions, an outline of a death education unit, and sources for additional information. (JD)

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AN ANNOTATED BIBLIOGRAPHY OF LITERATURE DEALING WITH THE NEED FOR DEATH EDUCATION

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INTRODUCTION

> Death cannot be and is not the end of life. Man transcends death in many and altogether naturalistic fashions. He may be immortal biologically through his children, in thought through the survival of his memory, in influence by virtue of the continuance of his personality as a force among those who come after him, and ideally through his identification with the timeless things of the spirit.
>
> --Milton Steinberg

School health education has been defined as "a continuous process which enables the student to assume individual responsibility for developing and maintaining personal behaviors which promote total wellness." (Lang:38) If we are to achieve this goal of school health education, death education must be integrated into the school's health curriculum from kindergarten through the years of formal education. Helping school-age and university students understand death should be a major commitment of health education. (Crase:650) Surveys show that institutions in higher education are now offering courses in death and dying and medical personnel now receive formal instruction in death and dying in their professional preparation. Yet, little has been done to train the individual who will later in life become a parent or any individual who has to cope with death and dying in our society. (Wilson:29)

In our society we have less and less direct contact with dying people, and less experience of death and greater fear. Hospitals are filled with those who are dying, thus we cannot learn from their experiences. We have very few death experiences of our own and our

ignorance of death adds to the mystery of it and is therefore a threat. We dread our own deaths and many of our fears are unrealistic because we lack real contact with death. In a medical setting the fear of the unknown is stronger than any discomfort. If the greater the threat the greater the fear, then the most powerful fear for most people is fear of death. (Connor:230)

Throughout the century the family has delegated much of its responsibility to the educational system. Therefore, it is important that educators consider death education as a highly relevant curriculum topic. (Thornburg and Thornburg:177) The school's goals should be to teach that death and dying are part of life and living and students should be helped to manage realistically the ideas of their own death and the deaths of others in their lives. (Auten:602) Students should be led to believe that instruction on death is designed to broaden their understanding, clarify misunderstandings they may have, and help them to display their emotions in a healthy way. (Thornburg and Thornburg:178)

The development and preparation of qualified death educators has lagged considerably behind the death education and counseling movement. Death education has been allowed to grow unevenly, and much attention needs to be directed toward improving professional preparation and providing other development activities for the death educator. (Crase:568) Teachers planning to deal with death concerns in the schools should be prepared to do so. Teachers should be comfortable when the subject matter emotionally touches a student, should accept the fact that moral and ethical concerns do belong in the classroom, and should also see themselves as fellow learners. (Ulin:164)

STATEMENT OF THE PROBLEM

There is a definite need for death education in a society such as ours where people avoid dealing with death. Through death education, fears and myths which have been passed on through generations can be realized and developed into proper attitudes. These fears and myths, among other factors, have served as a basis for the organization of this study of the need for death education.

PURPOSE OF THE STUDY

The purpose of the study was to make available to educators pertinent information concerning the need for death education. The study was conducted to provide positive reinforcement to the theory that those who study a death education program will live life to a fuller extent than those who are raised on the fears and myths of past generations. The information and recommendations provided to educators by this study are intended to improve health curricula in public schools.

ORGANIZATION OF THE STUDY

The researched material was divided into three major sections. Some of the research overlapped, but the main ideas were categorized into the area which seemed most appropriate.

The first section of the study dealt with viewpoints of death and dying from different groups. These included children, adolescents and young adults, and the terminally ill.

In the second section, approaches to the development and implementation of death education were discussed. These approaches were

broken down into groups including children, adolescents and young adults, and the terminally ill.

The third section has dealt with teaching the terminally ill child. The annotated entries within each section were alphabetized by author or title.

LIMITATIONS OF THE STUDY

Time spent on research was limited by the semester deadline placed on its completion. The research attempted to summarize the current state of knowledge in death education within the last five years. The research was limited to articles on death education. A more thorough study of the subject would have included more information on the terminally ill with references to Dr. Elizabeth Kübler-Ross, a world-renowned leader and authority on death. A thorough review of Dr. Kübler-Ross' works was outside the scope and intent of this study. Readers seeking such a presentation are recommended to Kübler-Ross 1969, 1974 and 1975.

DEFINITION OF TERMS

anticipatory mourning--"family members become aware of, and eventually acknowledge, the inevitable loss of the patient," (Cicirelli:50).

appearance--"the notion of the way the dead look. Ideas could be held that a dead person cannot or does not look as though he were alive or, to the contrary, that he looks the same," (Kane:144).

autopsy--"postmortem examination...an examination of a body after death for determining the cause of death or the character and extent of changes produced by disease," (Webster:60,664).

bereavement--"to deprive especially by death...to take away," (Webster:80).

bioethics--"the systematic study of human conduct in the area of the life sciences and health care, insofar as this conduct is examined in the light of moral values and principles," (Reich:introduction 19).

causality--"a belief of what brought about the state of death whether from internal causes, such as heart attacks or external causes such as guns or a combination of the two," (Kane:144).

chronic illness--"illness marked by long duration or frequent recurrence... always present or encountered," (Webster:148).

coffin--"a box or chest for a corpse to be buried in," (Webster:160).

cremation--"to reduce a dead body to ashes by the action of fire," (Webster:196).

crisis intervention--"to assist in a critical situation through family therapy, school counseling, or positive peer group efforts in order to assist the person to draw upon inner strengths in over-riding problems," (Adams:209).

cryogenics--"a branch of physics that relates to the production and effects of very low temperatures," (Webster:201).

death--"the summary of life," (Slobodzian and Antes:289).

death education--"relates not only to death itself, but to our feelings about ourselves and nature and the universe we live in. It has to do with our values and ideals, the way we relate to one another and the kind of world we are building. Thoughtfully pursued it can deepen the quality of our lives and our relationships," (Glass and Trent:24).

death system--"those who provide services for the dying and their survivors," (Stricklin:45).

dysfunctionality--"deals with the ideas about bodily functions other than the senses. A child could believe that the dead are totally dysfunctional, or that they are partially or completely functional," (Kane:144).

epitaph--"an inscription on or at a tomb or a grave in memory of one buried there...a brief statement commemorating ar epitomizing a deceased person or something past," (Webster:280).

eschatology--"belief about or in the end of the world or the last things (as the second coming of Christ, resurrection, judgment, the new age)," (Webster:283).

euphemism--"the substitution of an agreeable or inoffensive expression for one that may offend or suggest something unpleasant... the expression so substituted (as "pass away" for "die")," (Webster:286).

euthanasia--"the act or practice of killing individuals that are hopelessly sick or injured for reasons of mercy," (Webster:287).

funeral--"the observances held for a dead person usually before burial or cremation," (Webster:338).

geriatrics--"a branch of medicine that deals with the problems and diseases of old age and aging people," (Webster:350).

hospice--"a therapeutic community for terminally ill patients and their families..special attention is given to alleviating chronic pain...models of the hospice include an independent facility, a section of a hospital, and home-based care," (Allen:226).

hypochondriasis--"overconcern about one's physical well-being...psychoneurotic trait," (Elkins and Fee:147).

immobility--"has to do with the child's notions concerning the movement of the dead. The dead may be seen as totally inactive or partially or completely active," (Kane:144).

in memoriam--"in memory of - used especially in epitaphs," (Webster:435).

insensitivity--"a consideration of mental and sensory functions such as dreaming, feeling, thinking, and hearing. Ideas may be held that the dead are totally insensate or partially or completely sensate," (Kane:144).

irrevocability--"has to do with the child's idea of death as permanent and irreversible, or temporary and reversible," (Kane:144).

obituary--"a notice of a person's death usually with a short biographical account," (Webster:581).

personification--"a motion of death as concretized and reified as a person or thing," (Kane:144).

physical anxiety--"worry about the condition of one's body which is distinguished from psychoneurotic personality variables," (Elkins and Fee:147).

psychothanatology--"the study of the psychological aspects of death," (Stricklin:45).

realization--"the awareness of death, of the state of being deceased, or an event which happens. Death can happen to someone, or it can be something which makes the living die," (Kane:144).

separation--"deals with the location of the dead and is concerned with the child's idea of where the dead are," (Kane:144).

suicide--"to put (as oneself) to death : kill," (Webster:879).

terminal illness--"a disease which causes or is close to causing death such as leukemia, cancer, cystic fibrosis, and muscular dystrophy," (Ainsa:397).

thanatologist--"one who studies the biological, sociological, and psychological aspects of death and dying," (Stricklin:45).

thanatology--"the study of death and the process of dying," (Cappiello and Troyer:397).

universality--"deals with the child's ideas of mortality. A child could have notions that everybody dies, or that nobody dies, or that there are exceptions," (Kane:144).

wake--"a watch held over the body of a dead person prior to burial and sometimes accompanied by festivity," (Webster:1001).

ANNOTATIONS

VIEWS OF DEATH AND DYING

Children

Hymovitz, Leon, "For the Children...Does Death Education Belong?," American Secondary Education 10:52-55, June, 1980.

The author suggested that death enhances life. He noted that children who grow up on a farm regularly experience the birth and burial of animal life. Children living in urban areas seldom have the opportunity to realistically experience the death of an animal. In a farm child's eyes, death is viewed as part of the life process. The author felt that death is a stage of development and should dramatize life, not traumatize it. Americans isolate death from life and many adults avoid discussions about death in front of children and shield children from the inevitable fact of death. However, children are not completely shielded from death. They see death on television and read about it in the newspapers. The author believed that media topics focus attention on the processes of coping, grieving and bereaving.

Kane, Barbara, "Children's Concepts of Death," The Journal of Genetic Psychology 134:141-153, March, 1979.

Kane interviewed one hundred twenty-two, middle-class white boys and girls aged three through twelve to determine what their concepts of death were and how they developed those concepts. She also determined how much impact experiences with death had on the development of their concepts. Kane drew five conclusions from the results of the inquiry: (a) children's concepts of death were made up of categories or components into which they placed their ideas of death; (b) children's understanding of death categories or components developed from absence to incomplete presence to complete presence; (c) as children grew older, their concept of death became more mature; (d) the concept of death was heightened due to actual experience with death only in six-year-olds and below; and (e) children's concepts of death developed in three stages, similar to the pre-operational, concrete operations, and formal operations stages presented by Piaget.

Miller, James H., and Litton, Freddie W., "Understanding the Death of a Child: A Selected Bibliography for Use by Parents, Children, and Professionals." School Media Quarterly 9:277-280, Summer, 1981.

The authors stated that because death is a painful subject to many, talk about death is still somewhat taboo. Due to the fact that we all must die eventually, the subject of death should not be ignored. In order to interact appropriately with a terminally ill person or someone who has just suffered the death of a loved one, we must have information about and an understanding of death and dying. Books are an obvious means of assistance. The authors suggested that libraries, since they are primary media resources for the school and community, provide guidance by compiling a list of current information books dealing with the subject of death and dying. The authors provided an annotated bibliography of resources for use by parents, children and professionals dealing with understanding the death of a child.

Adolescents and Young Adults

Adams, Gerald R., "The Effects of Divorce on Adolescents," The High School Journal 65:205-211, March, 1982.

Adams focused on parental death as being a potential life event for most of us at some point in our life span. This loss of a significant other is part of our total spectrum of attachment. Adams elaborated on this by stating that life itself consists of a series of life events associated with attachments and losses. He noted that due to many possible events, we become attached to others, lose those persons at some point and learn to detach our affection or dependency, and regain new attachments through a process of reattachment. Adams saw the life event of parental loss as one of the adjustment periods in the course of the full life cycle and concluded that this adjustment period requires most individuals to learn how to cope, to grieve but to adapt, or to draw upon resources around them such as family therapy, school counseling, and positive peer group efforts, to find strength in this process.

Breihan, Ann Whitney, "What Happens When Parents Die"," The Exceptional Parent 12:39-42, April, 1982

Breihan described how she and her family, including a retarded younger sister, handled the untimely death of her parents. She proved that parents' deaths do not necessarily mean endless days of horror for a disabled son or daughter. She also suggested ways to prepare a family for a relatively smooth transition to life without parents. Breihan noted that parents' deaths represent not only a loss but also a new beginning in the life of a family. She said that her parents were not obsessed by fears about what would happen to their disabled daughter after their deaths. They took steps during their lifetimes to ensure a bright future for their children and gave each child a sense that their individual life and development were important to them.

Elkins, Gary R., and Fee, A. Frank, "Relationship of Physical Anxiety to Death Anxiety and Age,"" The Journal of Genetic Psychology 134:141-153, March, 1979.

The authors reported on the relationship of physical anxiety to death anxiety and age. They found that, in the normal aging process, as humans experienced changes in health and psychological functioning, changes in physical anxiety also occurred. Also, anxiety about the condition of one's body gave rise to an increase in concern about one's death. They reported a decrease in physical anxiety with an increase in age due to the fact that during adolescence and early adulthood one is normally in peak physical condition. During this time there is usually emphasis placed on physical attractiveness and ability which may cause one to become anxious. Later in adulthood there is less concern about physical appearance and abilities, thus less physical anxiety. In much older groups, due to deterioration of physical capabilities, considerable physical anxiety would be expected. Thus, when the full age range is sampled, a curvilinear relationship between physical anxiety and age may be expected.

Farrell, Fran, "The Reaction to an Adolescent's Own Illness and Impending Death, Reactions to a Parent's Illness and Death, and Reactions to the Illness and Pending Death of a Sibling," The High School Journal 65:198-204, March, 1982.

Farrell stressed the fact that the key message in this study was TALK. Knowing an ill person's feelings and views about life after death was of great comfort to those surviving. Those persons interviewed expressed a desire to be involved in the pre- and post-death care of the ill person. They communicated that it was important to be able to get sad feelings out and talk with others who could understand. Talking helped to open the problem up and enabled those involved to learn from the experience. Talking also helped get the problem off the person's mind for a while and allowed the person to find out exactly what was happening. One informant noted that knowing what was going on with the ill person was a very important factor. The author discovered in the study that open communication enhances interaction between people, thus coping with the crisis is enhanced.

Hartley, M.P., "Coping With Life After Death: The Counselor's Response Ability," The Personnel and Guidance Journal 59:251-252, December, 1980.

The author noted that due to scientific developments and social attitudes, many counselors are unprepared emotionally and professionally to deal with death, the dying, and the bereaved. The visibility of death in the United States has been diminished because of discoveries in medical technology. Infant mortality has decreased and the average age a person lives to in the United States has increased. The sick and aged are cared for in nursing homes and hospitals, out of view of the family, rather than at home. The mobile nature of our society further reduces contact with death. Before a family death occurs, family members have separated for school, career, or marriage, thus minimizing feelings about the death of a family member. Society expects the bereaved to suppress the fact of death. Individuals are offended by funeral processions, disapprove of using land for cemetaries, and feel uncomfortable around the bereaved. Hartley stressed the fact that in order for us to help the bereaved, we must first come to terms with our own feelings about death.

APPROACHES TO THE DEVELOPMENT AND IMPLEMENTATION OF DEATH EDUCATION

Children

Bingham, Anne, "Kathy's Kittens," Early Years 12:16, October, 1981.

Bingham related the incident of the death of a child in her kindergarten class and how she as a teacher handled the situation. She read a sensitive story about the death of a turtle to the students. After the story, she told the students about the death of their classmate. The students were then given an opportunity to ask questions about the child's death and about death in general. The children were given a concrete way to deal with their friend's death by planting flowers on the school grounds in her memory. Bingham noted that later in the year the students were able to express feelings of loss when a loss occurred without discomfort because of the fact that the class had dealt with the difficult subject of a classmate's death.

Evans, B.J., "Dealing with Tragedy in a Classroom," Jewish Education 49:28-31, Summer, 1981.

Evans, a Jewish educator, described a situation in her fourth grade classroom which involved the untimely death of one of her students, and how she, as an educator, provided emotional support to help the class deal with the death of their classmate. She emphasized the fact that it was important to work quickly, to acknowledge the reality and incorporate Jewish customs and laws that would meet the individual needs of the students. By actively participating in the Jewish mourning process the children's psychological needs were met and they were able to deal with the death. The author noted that by doing the "work of mourning" the children were able to go on with the business of growing and living. Because of the experience they were strengthened and emotionally and academically prepared to face life while upholding the values of Judaism.

Evans, Beth J., "Death of a Classmate: A Teacher's Experience Dealing With Tragedy in the Classroom," The Journal of School Health 52:104-107, February, 1982.

The author related the message that educators have a responsibility to help children deal with death by (a) acknowledging the reality of the death as soon as possible, (c) providing an environment where children feel comfortable discussing their feelings about death, and (c) providing learning opportunities within the curriculum to enable the children to understand death. The author also noted that it is important for children between the ages of three and ten to participate in funerals because children at this age tend to invent fantasies of resurrection. Evans pointed out that we, as teachers, must be as willing and ready to offer emotional support as we are willing to teach academic subjects to our students. Teachers should provide opportunities for bereaved children to talk about death in order to help children get over their grief. Sharing feelings makes it easier for us to deal with the tragedy.

Kane, Barbara, "Unlocking Death," Early Years 10:12-13, January, 1980.

Kane stressed that school is a place where children come to learn and with them comes their concerns and questions. Since adults seldom talk to children about death, children don't have an opportunity to discuss their feelings and ideas about it. Talking about death at school with a teacher gives children the chance to voice their beliefs and thoughts. The author noted that the teacher's job is not to change the children's ideas but to help them express their ideas and emotions. Children's ideas about death generally break down into various categories. The teacher should encourage the children to talk about what they think and how they feel. If children are troubled about death due to a recent experience, they may be silent and may not be able to express their emotions. These children should not be made to speak about the experience but should be coaxed into talking about death in general.

Pope, A.J., "Children's Attitudes Toward Death," Health Education 10:27-29, May/June, 1979.

Pope recommended that death education be taught in the schools. First, he said that parents, teachers and administrators have a responsibility to educate and not avoid the subject of death and dying. Death is a natural process and children realize this. If we, as teachers, do not respond to their questions about death, their needs will be met by their imaginations and their peer groups. Second, Pope warned that we must understand the questions children ask before we attempt to respond. There is nothing wrong with saying, "I don't know." Third, the child must not be deceived. We should respond honestly. Fourth, the child should be allowed to participate in grief. Fifth, we should openly discuss with the child viewpoints the child may have on death and dying.

Roberts, Christine L., "Helping Children Cope With Death," Educational Leadership 38:409-411, Fall, 1981.

Roberts suggested that there are many ways in which teachers can help children accept death but they must first overcome their own anxieties about death. Children need to learn how to deal with losses in their lives and how to express grief. The author said that emotional growth is repressed when grief is repressed. Children learn unhealthy cultural responses to death from imitating their parents' behaviors in a crisis situation. Roberts pointed out that children need to learn solid information about death in order to create a balance between the things they see on television and in movies and the reality of death. In order to help teachers know when and how to go about teaching children the meaning of death, the author listed stages of child development, ranging from children under six months of age to children in their mid and upper teens. Roberts concluded by saying that death education, like sex education, takes a long time. It cannot be taught in one unit of study.

Rodabough, Tillman, "Helping Students Cope With Death," The Journal of Teacher Education 31:19-23, November/December, 1980.

The article's purpose was to outline some suggestions for helping the child cope with the grief process following a death. The author referred to variations in childhood perceptions of death being related to differences in developmental stages, individual life experiences and family and social influences. Models describing developmental stages children go through in their understanding of death are very general and overlapping and vary from one child to another. The author noted that the classroom teacher can prepare students in advance to cope with losses by using common personal experiences such as the death of a pet to prepare students to handle loss and express their grief. Current events in which the death of a prominent person is discussed, and children's literature which includes death experiences can be used in discussing the meaning of death.

Slobodzian, Kurt A., and Antes, Sally E., "Dealing with Death," Childhood Education 57:289-292, May/June, 1981.

The authors took the approach of using animals to teach children about death. In order to teach children about life, death, the summary of life, must also be included. Children need to be in a setting where they are able to question and learn. They also need the opportunity to be responsible for life and should be given the opportunity to compare life with death. Many adults try to insulate children from death. The authors pointed out that children should not be sheltered from occurrences of death because part of life is death and there are no alternatives besides misconceptions brought about by information acquired from peers, adults and television. The authors suggested that by allowing the child to have pets, adults can help the child accept death. Children construct concepts by using their senses. When a pet dies the child can make comparisons between the activity and appearance of life versus death.

Townley, Kim, and Thornburg, Kathy R., "Maturation of the Concept of Death in Elementary School Children," Educational Research Quarterly 5:17-24, Summer, 1980.

The authors conducted a study to determine the influence that religion, sex, age and the ability to conserve have on the concept of death in children. They found that: (a) children in a higher grade had a higher level of understanding of the concept of death than children in lower grades; (b) there was not a significant difference in the maturation of the concept of death between children who do and do not conserve; (c) there was no significant difference in the maturation of the concept of death between children from a religiously affiliated family and children from a non-religiously affiliated family; (d) there was no difference between boys and girls and the maturation concept of death. The authors concluded that if parents and educators create an open atmosphere in which children could feel free to ask questions about death and get truthful answers, perhaps the level of understanding death would increase.

Vollmer, Joseph, "The Passing of Muffin," Instructor 89:89-100, October, 1979.

Vollmer described a situation in which a classroom pet had died and the teacher chose to use the event as a learning experience dealing with death. The author noted that children learn to deal with grief and disappointment through little tragedies such as the death of a classroom pet. How they cope with major losses later in life is determined by how children cope with the little losses of childhood. In similar situations, teachers should tell students the truth. This will help the children to avoid feeling responsible for the loss. By not telling the truth adults usually end up adding to the child's confusion and increasing the child's fear of death. The author said that children should be allowed to feel good about themselves by alleviating their feelings of guilt. He added that by encouraging children to express their feelings, teachers can help them reaffirm their love for the deceased.

Wilder, Pana, "The Role of the Elementary School Counselor in Counseling About Death," Elementary School Guildance and Counseling 15:56-65, October, 1980.

Wilder's article discussed the need for grief counseling in the elementary school and the role of the school counselor in grief counseling. The author suggested that counselors prepare for grief counseling by understanding (a) the counselor's own feelings regarding death, (b) the grief process in general, and (c) children's specific developmental reactions to death and grieving. The counselor must be able to work with others, whether it be counseling individual children, groups of children, parents and teachers, or other professionals. The author concluded that counselors could accept more responsibility for helping educate others about death if they would become better informed about death and the grieving process. Counselors have opportunities to help grieving children who are suffering alone in our schools, as well as their teachers, parents and friends.

Adolescents and Young Adults

Allen, Pauline M., "Death Education: Concerns and Cautions," Counseling and Values 23:219-227, July, 1979.

Allen noted that death educators need to be aware of their students as individuals and how they are affected emotionally by the course material presented to them. Death educators need to point out the significance of not only death due to illness but also other life-threatening situations, such as war, pollution, traffic deaths, deaths of abused children, and suicide. Death education could just as accurately be called life education. Allen suggested using a questionnaire on the first day of class to determine student's experiences and thoughts about death. She advised using natural discussion topics such as issues of how one grows old in this country, written materials such as books that add to common knowledge, and articles that explain or exemplify something important, as teaching materials. (See Appendix A.)

Auten, Anne, "Why Teach Death Education?," Journal of Reading 25:602-605, March, 1982.

Auten noted that if teachers are to teach not only about life, but also about many of the experiences life offers, then teaching about death seems appropriate. Society has accepted the responsibility of preparing the living for death by giving positive support to the dying. Auten suggested that the school's goals should be to teach that death and dying are part of life and living and students should be helped to manage realistically the ideas of their own death and the deaths of others in their lives. It has been found through questionnaires that students who learn to treat death as a fact of life fear death less and appreciate life more.

Cappiello, Lawrence A., and Troyer, Ronald E., "A Study of the Role of Health Educators in Teaching About Death and Dying," The Journal of School Health 49:397-399, September, 1979.

Cappiello and Troyer mailed a 14-item questionnaire to a random sample of 304 health education teachers who taught one-half year of required health education at the senior high school level to determine the extent to which New York State health education teachers included death and dying in their course work. The authors believed that the study of death and dying should be included in the health education course curriculum. Of the 209 who returned the questionnaire, 30 indicated that they did include death education as a regular unit in the health education course. Another 64 responded that they included death education as a part of some other unit of health education. Of those returning the questionnaire, 115 did not teach death education at all. The authors felt that colleges, universities and professional societies should act to provide guidance in the area of death education to provide formal training to health education teachers.

Crase, Darrell, Ph.D., "Death Education: Accountability Through Scholarly Inquiry," Journal of American College Health Association 27:257-260, April, 1979.

Crase analyzed several published reports by death educators and found that death education courses have grown in quantity and quality and are being received with great interest. Although it is not fully known at this time what kind of contribution death education is making to the educational process, courses typically include such topics as: improved mental health of the participant, consumer information, understanding of the meaning of death and dying, and the development of certain attitudes toward several related aspects of death and dying. The results suggested that different methods of presenting death education courses affected aspects of attitude toward life and death differently. Different methods met specific needs of individual students. Crase found that formal instruction does tend to alleviate anxiety among students about discussing controversial topics such as suicide, euthanasia, funerals, and death-related concepts. He also noted that students who have had some instruction in death education seem to be better able to verbalize, to communicate, and to think about death consciously.

Crase, Darrell, "Death Education Within Health Education: Current Status, Future Directions," The Journal of School Health 51:646-650, December, 1981.

Crase conducted a survey among 205 university level divisions/departments of health education to determine the current status of death education courses within the health education field. Forty-nine college and university health educators currently teaching the course returned usable instruments. Crase found that death education has been allowed to grow unevenly, and much attention needs to be directed toward improving professional preparation and providing other development activities for the death educator. Students preparing to become teachers or counselors in the area of thanatology need to acquire positive experiences through a well-structured course taught by a competent instructor. Teachers of elementary and secondary school students should be extremely well prepared because children's mental facilities at this age are vulnerable and considerable damage can be caused through incompetence and neglect. Crase concluded by stating that helping university and school-age students understand death should be a major commitment of health education.

Crase, Darrell, "The Health Educator as Death Educator: Professional Preparation and Quality Control," The Journal of School Health 50:568-571, December, 1980.

The development and preparation of qualified death educators has lagged considerably behind the death education and counseling movement. Crase discussed the preparation of health educators as death educators. He emphasized (a) the need and responsibility for teacher preparation, (b) competencies required of the death educator, (c) courses of study, and (d) resources available to beginning teachers. Crase stated that if teachers and administrators continue to support death education within the education curriculum, more must be done to ensure quality instruction. Both teacher preparation institutions and professional associations must work together to guarantee credibility within the death education and counseling movement. Competent school health educators should assume responsibility for instruction in death education. Crase concluded by stating that school and university administrators should see that health educators become "certified" as death educators.

Eddy, James M., St. Pierre, Richard W., and Alles, Wesley F., "Consumer Aspects of Death and Dying," Health Education 11:10-12, November/December, 1980.

The authors considered coverage of consumer aspects in death and dying courses to be a key goal of death education with an emphasis on decision-making and planning for the future. They suggested that a major reason for many death educators not including consumer aspects of death and dying in a death education course is the health educator's lack of adequate information in this area. The authors felt that the lack of general information about the various consumer-related aspects of death and dying highlighted the need for more instruction in this area. Some of the content areas suggested for use in a unit on consumer aspects of death and dying were: (a) traditional funeral precedures and costs, (b) alternatives to traditional funerals, and (c) wills.

Eddy, James, St. Pierre, Richard, Alles, Wesley, Shute, Robert, "Conceptual Areas of Death Education," Health Education 11:14-15, January/February, 1980.

The authors developed and administered a Death and Dying Content Questionnaire in 1977. The purpose of the questionnaire was to determine the specific areas deemed essential for inclusion in a professional preparation course in death education. The questionnaire was administered to 40 individuals who indicated a professional involvement in the area of death and dying. The results of the survey were divided into four categories of cognitive areas according to perceived importance. The first category consisted of cognitive areas which were thought to be essential concepts for a death and dying professional preparation course. The second category consisted of cognitive areas which were not major concepts but should be included in a death and dying course. The third category consisted of cognitive areas which should be included in a death and dying professional preparation course if adequate time were available. The fourth category included items which were thought to be of little importance in a professional preparation course.

Gade, Eldon M., and Kuhler, Deborah, "A Death Education Unit for Student Personnel and Counseling Students," Journal of College Student Personnel 21:458-459, September, 1980.

The authors described a brief death education unit which was taught to students planning careers in student personnel and counseling. The unit was devised because many practicing counselors and counselor educators recognize the need for training in death and dying, yet not much has been done to assist them in acquiring the necessary skills and knowledge to work in the area of death and dying. The unit consisted of a four-hour course in death education presented one hour per week over a four-week period. A funeral director presented information on the modern history of funeral services and the purpose of the service in the grieving process during the first session. The second session consisted of a presentation on the dying and grieving process. The third and fourth sessions used both verbal and written exercises intended to help participants examine their attitudes toward their own death. The brief unit helped counseling students gain more positive attitudes toward death.

Glass, J. Conrad, Jr., and Trent, Curtis, "Death Education: An Adult Education Concern," Lifelong Learning 5:24, January, 1982.

The authors researched the effect of a 12-hour workshop on death education on middle-aged adults. The research was done on middle-aged adults because most of the previous death education course research has occurred on college campuses, thus limiting the generalizations of the studies. The authors found that there was a significant decrease in death anxiety among participants in the workshop. Workshop topics included: (a) The Meaning of Life and Death, (b) Customs Surrounding Death, (c) Stages of Death and Dying, (d) Alternative Care, (e) Handling Grief, (f) Choices About Life and Death, and (g) Decisions in Life and Death. A variety of teaching methods were used. These included: (a) music which portrayed images of death, (b) audio-visuals such as filmstrips and videotapes, (c) poems, (d) case studies, (e) brainstorming sessions, and (f) small group discussions. The authors felt that the workshop helped individuals move toward self-fulfillment, greater happiness in life, and better equipped them to help others face death.

Lang, Darrel, "Death Education: An Integral Part of School Health Education," Health Education 12:38-39, March/April, 1981.

Lang described school health education as "a continuous process which enables the student to assume individual responsibility for developing and maintaining personal behaviors which promote total wellness." He noted that if we are to achieve this goal, death education must be integrated into the school's health curriculum. Lang integrated a death education unit into the mental health series of a secondary level course. He conducted a ten-question attitude/information inventory prior to the unit in order to properly develop the unit so that it would adequately serve the majority of his students. The author felt that the death education unit provided opportunities for his students' questions to be answered and thoughts to be expressed. He concluded by commenting that since we all will face death some day, we all should have a better understanding of it. (See Appendix A,C.)

Mansfield, Denise, Privette, Gayle, and Bilbrey, John, "Effects of Death Education on Students," The School Counselor 29:322-327, March, 1982.

The authors conducted a study among 24 high school students to determine whether group discussions and activities dealing with death would help the students to acquire a more comfortable attitude toward death. From this study the authors concluded that death education should be incorporated into the curriculum from kindergarten through the years of formal education. They also concluded that death-related group discussions are of interest and benefit to students. The topic of death allows students to examine their own attitudes about death and to examine their present lives and their relationships with significant others. The authors suggested that the atmosphere be open and supportive and that group leaders be sensitive to maintain such an atmosphere.

Meyer, Marc E., "A Death, Dying and Suicide Inventory for Health Education Classes," Health Education 13:50, May/June, 1982.

Meyer commented that death education is a relatively new subject area within the health education curriculum. He felt that it should be emphasized because individuals have difficulty facing the death of a loved one. A death education course would enable them to face the reality. Meyer developed an inventory dealing with death, dying and suicide. The inventory is used at the beginning of the death education unit as a motivator. Students experience a feeling of involvement through the activity. The student is asked to agree or disagree with each statement. There is room next to each response to comment on the statement if the student wishes to. The discussions can take place individually, in small groups, or with the entire class, using items in the inventory as guidelines for discussion. The author emphasized the fact that some students are unable to deal with the subject of death and should not be pressured into responding. (See Appendix A.)

Rosenthal, Nina Ribak, "Adolescent Death Anxiety: The Effect of Death Education," Education 101:95-101, Fall, 1980.

Rosenthal said that death education courses are increasing yet little research has been conducted to assess the effect of death education on adolescent death anxiety. He conducted a study to determine whether participation in a death education course would lower a persons' level of death anxiety or increase it. Results of the study showed that, after participation in an 18-week death education course, students' level of anxiety was significantly decreased. However, the author commented that death education courses that were not carefully planned, including methods of testing, course content, and duration of the course, could harm students. Teachers are responsible for obtaining the knowledge and techniques necessary to assure students of a positive death education experience.

Rosenthal, Nina Ribak, "Attitudes Toward Death Education and Grief Counseling," Counselor Education and Supervision 20:203-210, March, 1981.

The article surveyed counselors and counselor educators regarding their attitudes toward death education and grief counseling. Through this study it was found that death education and grief training has increased in recent years. A majority of counselors and counselor educators thought that school counselors should implement death education. Many agreed that classroom teachers should have training in dealing with grieving students and suggested that counselors work toward training these teachers. The author noted that some drawbacks to this are: (a) some parents and administrators are unwilling to implement death education in the schools because to some it is a taboo topic. It may be all right for a counselor to help a student with problems related to death, but not in the classroom; and (b) many counselors are willing to assist with death education but are not properly trained. However, attendance at seminars, workshops, and courses dealing with death has increased. The courses are necessary to help prepare counselors to help others learn about grief and death.

Rosenthal, Nina Ribak, "Death Education: Help or Hurt?," The Clearing House 53:224-226, January, 1980.

Rosenthal expressed concern that since teaching about death seems to be the popular thing to do, teachers who are not properly trained to teach death education are offering courses. Publishers have increased their production of materials to help inexperienced death educators teach students about death. Rosenthal warned that death educators need to be ready to respond to students who become emotional about death. Most teachers do not have training in counseling and may find it difficult to handle emotions associated with grief. Death educators should know when and where to refer students who have problems that the teacher cannot handle. Rosenthal said that teachers must also be aware of their own attitudes, beliefs, and feelings about death and how they will react to various situations. Teachers also need to know facts and theories associated with death and grief so that they feel competent to teach in this area. They must also have adequate communication skills.

Schvaneveldt, Jay D., "Developing and Implementing Death Education in High Schools," The High School Journal 65:189-197, March, 1982.

The author provided information for planning a death education curriculum in the high schools. Included are: (a) basic goals of death education; (b) objectives; (c) curriculum content; and (d) curriculum suggestions, including areas of focus, specific objectives, and resources. The author noted that for many high school students a course on death education would be their first real confrontation with the issue of death. He warned that teachers must be able to cope with different reactions to dealing with the subject of death, ranging from anxiousness to total disconcern. The death education teacher must gain the support of faculty and students, as well as parents, school board members, and community leaders. Teachers of death education courses must establish goals for the course and evaluate those goals to determine whether or not the goals are being met in the class. The author concluded by stressing that death education classes need to deal with knowledge, experience, and emotion. (See Appendix B.)

Scott, Frances. "When A Student Dies," English Journal 70:22-24, February, 1981.

The author described a situation in which a student had died and the teacher was faced with the task of helping the student's classmates through a difficult period after the death. The author noted that teachers are not trained to handle a situation involving the death of a student. The teacher found that she could not force a "regular day" upon the grieving students. The experiences the students shared during the tragedy developed personal ties which would never have been possible from a traditional curriculum. The teacher found that using journals allowed the students and the teacher to deal constructively with their own feelings. She said that she could not be expected to solve the personal crises the students were experiencing, but she could give them support and understanding. The author concluded by saying that a class can become a positive part of a tragic experience if the teacher is willing to use the curriculum in a sensitive manner.

Stricklin, Ernest, "Death Education," Forecast For Home Economics 26:44-45, January, 1981.

The author suggested that death education can help students learn coping and decision-making skills related to death. Because people are living longer and the process of dying is extended, students need to understand the part that death and dying have in life and living. The attitude of our society is changing from one of denial of death to acceptance of death as a part of life. The author noted that the best results of death education courses come from courses where the reasons for the course include discussions on why we fear death, how death affects relationships, and sources of guilt feelings and depression. The course should cover all dimensions of death and dying, including a self-analysis. The author listed suggestions for teacher preparations including evaluating the teacher's own personality, knowledge of subject matter, use of language, an understanding of the psychological aspects of death, and an awareness of social changes in progress and their impact on our attitudes toward death.

Thornburg, Hershel D., and Thornburg, E. Ellen, "The Front Line: Death and Loss Education: Its Complexities and Abstractness," The High School Journal 65:177-179, March, 1982.

The authors stated that throughout the century the family has delegated much of its responsibility to the educational system. Therefore, it is important that educators consider death education as a highly relevant curriculum topic. The issue of death education is a reality for many students within any given school year. The adolescent must be taught how to understand the concepts of death in order to deal with it. If children learn the concepts of death, they will be able to reason and understand. The teacher may find the students to be more emotional than reasonable in dealing with death education. The authors suggested that the students should be led to believe that instruction on death is designed to broaden their understanding, clarify misunderstandings they may have, and help them to display their emotions in a healthy way. The authors felt that adults have a responsibility to prepare adolescents to deal with complexities of life such as death.

Ulin, Richard O., ":A Treatment of Death in the Classroom," English Education 11:162-168, February, 1980

Ulin said that if death is to be treated as an integral part of life, it should also be taught in the schools. However, teachers planning to deal with death concerns should be prepared to do so. Teachers should be comfortable when the subject matter emotionally touches a student, should accept the fact that moral and ethical concerns do belong in the classroom, and should also see themselves as fellow learners. Ulin described ways in which students could use literature in dealing with the subject of death. He said that dealing with problems of death and dying can be a traumatic experience for some students and literature offers these students a chance to work through their own fears by empathizing with the characters or the writer.

Wilson, Cindy, "Experimental Teaching: Death and Children," Health Education 12:29, July/August, 1981.

The author noted that surveys show that institutions in higher education are now offering courses in death and dying and medical personnel now receive formal instruction in death and dying in their professional preparation. Yet, little has been done to train the individual who will later in life become a parent or any individual who has to cope with death and dying in our society. The author polled students and parents to come up with a new strategy to oversome feelings of inadequacy in explaining death situations to children. The general consensus was that the opportunity to deal with children and their questions about death should be made available. The author suggested that an experimental unit on death and children would make possible a better understanding of how to talk to children about death and would also help children learn that death is something that happens to all of us and should be discussed instead of being silently feared.

Wrenn, Robert L., "The Concept of Death and Loss Education," The High School Journal 65:180-188, March, 1982.

The author stated that is is important that children be allowed to talk about and learn about death and other significant losses they have encountered or soon will be encountering. Wrenn suggested using the following topical areas of discussion with high school students for developing a curriculum, including exercises, group discussions, and field trips: (a) stress; (b) the environment within which death occurs; (c) the emotional impact of death; (d) concepts for treating the dying patient; (e) the dying person's bill of rights; and (f) practical concepts the student can use. Wrenn commented that it is very important that children be able to ask questions and get straight answers from adults. Children should be exposed to death at a young age so that later on when a death occurs it will not be so new to them. The author found that students enjoy talking about death and dying concepts. He felt that the biggest problem for the teacher would be convincing the parents and school officials of the value of death education.

TEACHING THE TERMINALLY ILL CHILD

Ainsa, Trisha, "Teaching the Terminally Ill Child," Education 101:397-401, Summer, 1981.

Ainsa presented in this article some findings which have been used to assist the educator in teaching the terminally ill child. Ainsa stated that children, especially those faced with a terminal illness, were very concerned about death. Because death experiences have changed from dying in the home environment, to dying in hospitals, and because parents have continued to shelter their children from death and dying, death has become unfamiliar, and death in our society has become difficult to accept. Ainsa suggested that in order to resolve the problems of accepting death each person must learn to admit that death is inevitable and children must be taught to be aware of death. Ainsa emphasized the fact that continuation of schooling is important for the school-age child who has a terminal illness. In many cases the teacher may be the one the child chooses to talk with about the illness and the fears.

Cicirelli, Victor G., "The Impact of Terminal Cancer on Family Members," USA Today 109 18-51, March, 1981.

Cicirelli pointed out that cancer is not just an individual crisis; there is also impact on the whole family. Family members need help and support from others in order to survive and make long-range adaptations. As the patient deteriorates, family members suffer with the patient, feeling a sense of helplessness. Many family members experience guilt and deal with anticipatory mourning. Cicirelli said that although family members feel a disruption of their family life due to the illness, they try to stick to familiar routines and also try to regulate the expression of their feelings in dealing with each other. Cicirelli concluded by stating that friends, neighbors, relatives, and people in the community as well as health care professionals need to become more sensitive to cancer's impact on patients' families and more aware of ways in which they can offer support.

Conner, David, "Talking About Dying: The Good and Bad Power of Words," Counseling and Values 23:228-231, July, 1979.

Connor expressed his opinion through several examples that in a medical setting the fear of the unknown is stronger than any other discomfort. He commented that if the greater the threat the greater the fear, then the most powerful fear for most people is fear of death. Connor said that in our society we have less and less direct contact with dying people, and less experience of death and greater fear. Hospitals are filled with those who are dying, thus we cannot learn from their experiences. We have very few death experiences of our own and our ignorance of death adds to the mystery of it and is therefore a threat. We dread our own deaths and many of our fears are unrealistic because we lack real contact with death.

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SUMMARY

Lang, Miller and Litton agreed that since we all will face death some day, we all should have a better understanding of it. Ainsa suggested that in order to resolve the problems of accepting death each person must learn to admit that death is inevitable and children must be taught to be aware of death. Allen said that death education could just as accurately be called life education. Auten noted that if teachers are to teach not only about life, but also about many of the experiences life offers, then teaching about death seems appropriate.

Ulin said that if death is to be treated as an integral part of life, it should be taught in the schools. Thornburg, Thornburg and Evans felt that adults have a responsibility to prepare adolescents to deal with complexities of life such as death. Pope said that parents, teachers, and administrators have a responsibility to educate and not avoid the subject of death and dying.

Cappiello, Troyer and Pope recommended that the study of death and dying be included in the school health education course curriculum. Roberts said that death education, like sex education, takes a long time. It cannot be taught in one unit of study. Schvaneveldt noted that for many high school students a course on death education would be their first real confrontation with the issue of death. Thornburg and Thornburg said that the adolescent must be taught how to understand the concepts of death in order to deal with it.

Stricklin suggested that death education can help students learn coping and decision-making skills related to death. Meyer felt that

death education should be emphasized because individuals have difficulty facing the death of a loved one. A death education course would enable them to face the reality.

Kane stressed that school is a place where children come to learn and with them comes their concerns and questions. Wrenn, Wilson and Lang said that it is very important that children be able to ask questions and get straight answers from adults. Pope noted that if we, as teachers, do not respond to children's questions about death, their needs will be met by their imaginations and their peer groups.

Wrenn found that students enjoy talking about death and dying concepts. He felt that the biggest problem for the teacher would be convincing the parents and school officials of the value of death education. Wilson suggested that the experimental unit on death and children would make possible a better understanding of how to talk to children about death and would also help children learn that death is something that happens to all of us and should be discussed instead of being silently feared. Townley and Thornburg said that if parents and educators create an open atmosphere in which children could feel free to ask questions about death and get truthful answers, perhaps the level of understanding death would increase.

Wrenn stated that it is important that children be allowed to talk about and learn about death and other significant losses they have encountered or soon will be encountering. Evans said that teachers should provide opportunities for bereaved children to talk about death in order to help children get over their grief. Mansfield, Privette, and Bilbrey suggested that the atmosphere be open and

supportive and that group leaders be sensitive to maintain such an atmosphere. Kane noted that the teacher's job is not to change the children's ideas but to help them express their ideas and emotions. Vollmer said that children should be allowed to feel good about themselves by alleviating their feelings of guilt. By encouraging children to express their feelings, teachers can help them reaffirm their love for the deceased.

Slobodzian and Antes said that many adults try to insulate children from death. Children should not be sheltered from occurrences of death because part of life is death and there are no alternatives besides misconceptions brought about by information acquired from peers, adults and television. Hymovitz felt that death is a stage of development and should dramatize life, not traumatize it. Hymovitz believed that media topics focus attention on the processes of coping, grieving and bereaving. Roberts pointed out that children need to learn solid information about death in order to create a balance between the things they see on television and in movies and the reality of death.

Roberts said that children need to learn how to deal with losses in their lives and how to express grief. Mansfield, Privette, and Bilbrey noted that death-related group discussions are of interest and benefit to students. The topic of death allows students to examine their own attitudes about death and to examine their present lives and their relationships with significant others. Adams stated that life itself consists of a series of life events associated with attachments and losses. Due to many possible events, we become

attached to others, lose those persons at some point and learn to detach our affection or dependency, and regain new attachments through a process of reattachment.

Adams focused on parental death as being a potential life event for most of us at some point in our life span. Breihan noted that parents' deaths represent not only a loss but also a new beginning in the life of a family. Schvaneveldt said that death education classes need to deal with knowledge, experience and emotion.

Meyer commented that death education is a relatively new subject area within the health education curriculum. Crase and Rosenthal found that death education courses have grown in quantity and quality and are being received with great interest. Rosenthal expressed concern that since teaching about death seems to be the popular thing to do, teachers who are not properly trained to teach death education are offering courses.

Schvaneveldt warned that teachers of death education courses must establish goals for the course and evaluate those goals to determine whether or not the goals are being met in the class. Stricklin noted that the best results of death education courses come from courses where the reasons for the course include discussions on why we fear death, how death affects relationships, and sources of guilt feelings and depression. Meyer developed an inventory dealing with death, dying and suicide. Ulin described ways in which students could use literature in dealing with the subject of death. Eddy, St. Pierre, and Alles considered coverage of consumer aspects in death and dying courses to be a key goal of death education with an emphasis on

decision-making and planning for the future. Evans described a situation in her fourth grade classroom which involved the untimely death of one of her students, and how she, as an educator, provided emotional support to help the class deal with the death of their classmate. Allen said that death educators need to point out the significance of not only death due to illness but also other life-threatening situations, such as war, pollution, traffic deaths, deaths of abused children and suicide.

Scott said that a class can become a positive part of a tragic experience if the teacher is willing to use the curriculum in a sensitive manner. Hymovitz suggested that death enhances life. He noted that children who grow up on a farm regularly experience the birth and burial of animal life. Rodabough, Vollmer, Slobodzian, and Antes noted that the classroom teacher can prepare students in advance to cope with losses by using common personal experiences, such as the death of a classroom pet, to prepare students to handle loss and express their grief.

Crase found that formal instruction does tend to alleviate anxiety among students about discussing controversial topics such as suicide, euthanasia, funerals, and death-related concepts. He noted that students who have had some instruction in death education seem to be better able to verbalize, to communicate and to think about death consciously. Farrell discovered in his study that open communication enhances interaction between people, thus coping with the crisis is enhanced. Rosenthal conducted a study to determine whether participation in a death education course would lower a person's level of

death anxiety or increase it. Results of the study showed that after participation in an 18-week death education course, students' level of anxiety was significantly decreased. In conducting a death education workshop for middle-aged adults, Glass and Trent found that there was a significant decrease in death anxiety among participants following the workshop. They felt that the workshop helped individuals move toward self-fulfillment, greater happiness in life, and better equipped them to help others face death.

Allen noted that death educators need to be aware of their students as individuals and how they are affected emotionally by the course material presented to them. Rosenthal commented that death education courses that were not carefully planned, including methods of testing, course content, and duration of the course, could harm students. Meyer emphasized the fact that some students are unable to deal with the subject of death and should not be pressured into responding.

Roberts and Hartley suggested that there are many ways in which teachers can help children accept death but they must first overcome their own anxieties about death. Rosenthal said that teachers must be aware of their own attitudes, beliefs and feelings about death and how they will react to various situations. Evans pointed out that we, as teachers, must be as willing and ready to offer emotional support as we are willing to teach academic subjects to our students. Schvaneveldt warned that teachers must be able to cope with different reactions to dealing with the subject of death, ranging from anxiousness to total disconcern.

Wilder discussed the need for grief counseling in the elementary school and the role of the school counselor in grief counseling. Rosenthal said that a majority of counselors and counselor educators thought that school counselors should implement death education. Gade and Kuhler found that many practicing counselors and counselor educators recognize the need for training in death and dying, yet not much has been done to assist them in acquiring the necessary skills and knowledge to work in the area of death and dying. Hartley noted that due to scientific developments and social attitudes, many counselors are unprepared emotionally and professionally to deal with death, the dying and the bereaved.

In discussing the preparation of health educators as death educators, Crase emphasized the need and responsibility for teacher preparation, competencies required of the death educator, courses of study, and resources available to beginning teachers. Cappiello and Troyer felt that colleges, universities and professional societies should act to provide guidance in the area of death education to provide formal training to health education teachers. Schvaneveldt said that the death education teacher must gain the support of faculty and students, as well as parents, school board members and community leaders.

Ainsa emphasized the fact that continuation of schooling is important for the school-age child who has a terminal illness. In many cases the teacher may be the one the child chooses to talk with about the illness and the fears. Ainsa stated that children, especially those faced with a terminal illness, were very concerned about

death. Miller and Litton said that in order to interact appropriately with a terminally ill person or someone who has just suffered the death of a loved one, we must have information about and an understanding of death and dying. Farrell stressed that knowing an ill person's feelings and views about life after death is of great comfort to those surviving.

CONCLUSIONS

The visibilities of death in the United States have diminished because of discoveries in medical technology. Infant mortality has decreased and the average age a person lives to in the United States has increased. The sick and aged are cared for in nursing homes and hospitals, out of view of the family, rather than at home. The mobile nature of our society further reduces contact with death. Before a family death occurs, family members have separated for school, career, or marriage, thus minimizing feelings about the death of a family member. Society expects the bereaved to suppress the fact of death. Individuals are offended by funeral processions, disapprove of using land for cemetaries, and feel uncomfortable around the bereaved. (Hartley:251) Because people are living longer and the process of dying is extended, because death experiences have changed from dying in the home environment, to dying in hospitals, and because parents have continued to shelter their children from death and dying, death has become unfamiliar, and death in our society has become difficult to accept. (Ainsa:397) However, the attitude of our society is changing from one of denial of death to acceptance of death as a part of life.

Americans isolate death from life and many adults avoid discussions about death in front of children and shield children from the inevitable fact of death. They see death on television and read about it in the newspapers. (Hymovitz:54) Children need to understand the part that death and dying have in life and living. In order to teach children about life, death, the summary of life, must be included.

They also need the opportunity to be responsible for life and should be given the opportunity to compare life with death. Children construct concepts by using their senses. Children need to be in a setting where they are able to question and learn. (Slobodzian:292)

Since adults seldom talk to children about death, children don't have an opportunity to discuss their feelings and ideas about it. Talking about death at school with a teacher gives children the chance to voice their beliefs and thoughts. (Kane:12) When a pet dies the child can make comparisons between the activity and appearance of life versus death. Children living in urban areas seldom have the opportunity to realistically experience the death of an animal. In a farm child's eyes, death is viewed as part of the life process. (Hymovitz:53) If children learn the concepts of death, they will be able to reason and understand. However, the teacher may find the students to be more emotional than reasonable in dealing with death education. (Thornburg and Thornburg:8)

Children's ideas about death generally break down into various categories. The teacher should encourage the children to talk about what they think and how they feel. If children are troubled about death due to a recent experience, they may be silent and may not be able to express their emotions. These children should not be made to speak about the experience but should be coaxed into talking about death in general. (Kane:13)

Although it is not fully known at this time what kind of contribution death education is making to the educational process, courses typically include such topics as: improved mental health of the

participant, consumer information, understanding of the meaning of death and dying, and the development of certain attitudes toward several related aspects of death and dying. Different methods of presenting death education courses affect aspects of attitudes toward life and death differently. Different methods meet specific needs of individual students. (Crase:57) A death education course should cover all dimensions of death and dying, including a self-analysis.

Eddy, St. Pierre, and Alles suggested that a major reason for many death educators not including consumer aspects of death and dying in a death education course is the health educator's lack of adequate information in this area. The lack of general information about the various consumer-related aspects of death and dying highlight the need for more instruction in this area. Some of the content areas suggested for use in a unit on consumer aspects of death and dying are: traditional funeral procedures and costs, alternatives to traditional funerals, and wills.

Publishers have increased their production of materials to help inexperienced death educators teach students about death. Teachers are responsible for obtaining the knowledge and techniques necessary to assure students of a positive death education experience. Attendance at seminars, workshops, and courses dealing with death has increased. The courses are necessary to help prepare counselors and teachers to help others learn about grief and death. (Rosenthal:209)

Teachers of elementary and secondary school students should be extremely well prepared because children's mental facilities at this age are vulnerable and considerable damage can be caused through

innompetence and neglect. Students preparing to become teachers or counselors in the area of thanatology need to acquire positive experiences through a well-structured course taught by a competent instructor. If teachers and administrators continue to support death education within the education curriculum, more must be done to ensure quality instruction. Both teacher preparation institutions and professional associations must work together to guarantee credibility within the death education and counseling movement. Competent school health educators should assume responsibility for instruction in death education. (Crase:650)

Counselors and teachers should prepare for grief counseling by understanding their own feelings regarding death, the grief process in general, and children's specific developmental reactions to death and grieving. The teacher must be able to work with others, whether it be counseling individual children, groups of children, parents, or other professionals. Health education teachers could accept more responsibility for helping educate others about death if they would become better informed about death and the grieving process. Health educators have opportunities to help grieving children who are suffering alone in our schools, as well as parents and friends. (Wilder:62)

Death is the summary of life, and without it life itself is difficult to define. If we wish children to appreciate the magic of life, we also have to share with them its summary. (Slobodzian and Antes:292)

I live, but I know not how long;
I die but I know not when;
I travel on, but I know not where
'Tis strange that I should be so happy.
(German Folk Rhyme)

RECOMMENDATIONS

It is recommended that:

1. The study of death and dying be incorporated into the school health education course curriculum from kindergarten through the years of formal education.
2. Teachers respond to children's questions about death so that their needs will not be met by their imaginations and their peer groups.
3. Teachers of death education establish goals for the course and evaluate those goals to determine whether or not the goals are being met in the class. Goals should be to teach that death is part of life and students should be helped to accept the reality of their own death and the deaths of others in their lives.
4. Teachers planning to deal with death concerns in the schools be aware of their own attitudes about death as well as facts and theories associated with death so that they feel competent to teach in this area.
5. Colleges, universities, and professional societies act to provide guidance in the area of death education to provide formal training to health education teachers.
6. Medical personnel receive formal instruction in death and dying in their professional preparation.

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APPENDICES

APPENDIX A

Questionnaires and Inventories

Please fill out this questionnaire as honestly as possible. Its purpose is to start us thinking about these questions, aid in directing the course towards individual interests, give information on individual backgrounds, and generate discussion topics.

I will be collecting these questionnaires and will treat the information on them as confidential.

1. Who, when, and under what circumstances did your most recent death/dying experience take place?

2. In number of years, give your anticipated life expectancy: _____.

3. If you could choose it, where and how would you prefer death to occur?

4. What life-threatening behavior do you engage in now?

5. Have you made your will out yet? Give the name of your beneficiary and relationship to you.

6. What would you like done with your body when you are dead?

7. Cite any concern that you have at present that relates to issues of life, death, and dying (e.g., abortion, illness of relative, suicidal, life after death).

Taken from: Allen, Pauline M., "Death Education: Concerns and Cautions," Counseling and Values 23:219-227, 1979.

Attitude/Information Inventory

1. To what extent do you believe in a life after death?

Male Female

A. Strongly believe it.
B. Tend to believe it.
C. Uncertain.
D. Tend to doubt it.
E. Convinced it does not exist.

2. To what extent do you believe in reincarnation?

Male Female

A. Strongly believe in it.
B. Tend to believe in it.
C. Uncertain.
D. Tend to doubt it.
E. Convinced it cannot occur.

3. How often do you think about your own death?

Male Female

A. Very frequently (at least once a day).
B. Frequently.
C. Occasionally.
D. Rarely (no more than once a year).
E. Very rarely or never.

4. What does death mean to you?

Male Female

A. The end; the final process of life.
B. The beginning of a life after death; a transition, a new beginning.
C. A joining of the spirit with a universal cosmic consciousness.
D. A kind of endless sleep; rest and peace.
E. Termination of this life but with survival of the spirit.
F. Don't know.

5. What aspect of your own death is the most distasteful to you?

Male Female

A. I could no longer have any experiences.
B. I am afraid of what might happen to my body after death.
C. I am uncertain as to what might happen to me if there is a life after death.
D. It would cause grief to my relatives and friends.

Male Female

E. All my plans and projects would come to an end.
F. The process of dying might be painful.

6. When you think of your own death (or when circumstances make you realize your own mortality), how do you feel? Male Female

A. Fearful.
B. Discouraged.
C. Depressed.
D. Purposeless.
E. Resolved in relation to life.
F. Pleasure in being alive.

7. If you had a choice, what kind of death would you prefer? Male Female

A. Tragic, violent death.
B. Sudden but not violent death.
C. Quiet, dignified death.
D. Death in a line of duty.
E. Death after a great achievement.
F. Suicide.
G. Homicidal victim.
H. There is no "appropriate" kind of death.

8. What are your thoughts about leaving a will? Male Female

A. I have already made one.
B. I have not made a will, but intend to do so some day.
C. I am uncertain or undecided.
D. I probably will not make one.
E. I definitely won't leave a will.

9. To what extent do you believe in life insurance to benefit your survivors? Male Female

A. Strongly believe in it; have insurance.
B. Tend to believe in it; have or plan to get insurance.
C. Undecided.
D. Tend not to believe in it.
E. Definitely do not believe in it.

10. What are your thoughts about funerals? Male Female

A. Feel they are very important for the bereaved.
B. Tend to feel they are valuable.

Male Female

C. I am uncertain or undecided.
D. Definitely do not believe in them.

Taken from: Lang, Darrel, "Death Education: An Integral Part of School Health Education," Health Education 12:38-39, March/April, 1981.

Death, Dying, Suicide Inventory

Instructions: Place a check (+) in the appropriate column.

	Agree	Disagree	Reason (Optional)
There is life after death.			
Abortion is a form of murder.			
Everyone must die.			
Everyone is afraid of dying.			
The cost of a burial is high.			
Alcohol abuse is a form of suicide.			
We die a little each day.			
I get uptight about talking about death.			
Children should be allowed to attend funerals.			
Condolences are really not necessary.			
Death should be a happy occasion.			
The use of drugs is a form of suicide.			
A dying person should be told.			
There is no such thing as death.			
Death is life.			
It would be great if everyone could live a few hundred years.			
Death means very little to Americans.			
A terminally ill person should be allowed to die.			
It is important to discuss death, dying and suicide in class.			
Driving fast is a form of suicide.			

Taken from: Meyer, Marc E., "A Death, Dying and Suicide Inventory for Health Education Classes," Health Education 13:50, May/June, 1982.

APPENDIX B

Curriculum Suggestions

Area of Focus	Objective(s)	Resources
Being youthful in America	To assess how youth are perceived in our society	Newspapers, teen magazines, counselors, movies, and advertising
Aging—if I could do it over again	To determine life satisfaction and fulfillment	Retired persons, director of aging programs, representative from retirement center
Cancer or some other critical disease	To understand how a particular disease kills and how many are killed per year by the disease	Public health reports, medical doctor, hospital representative
Suicide and youth	Why do people take their own life? Who commits suicide? How do young people feel about the increase in adolescent suicide?	Help-line counselor; someone who has attempted suicide and would be willing to share feelings, mortician as guest
Display of grief	To talk about and learn how to express and deal with grief	Counselors, community people who have recently had a death, class members, selected reading
Death and grief in literature	To determine what parts of death have been written about and to see what applications these themes have for learning about death	A large number of short stories and novels exist on this topic—library listings should be consulted at school and city library, plays, poetry
Assassination and terroriam	How do people cope with and view death that comes in this form	Abundant materials are available on the Abraham Lincoln, William McKinley, Medgar Evers, John Kennedy, Martin Luther King, and Anwar Sadat assassinations

Area of Focus	Objective(s)	Resources
Childhood memories of death and dying	To determine how beliefs and attitudes have changed since childhood, to see what ideas have remained the same, and to articulate in conversation or writing about these early experiences-beliefs	Group discussion, sharing, special group activity, reading of poetry written by class members that reveals early feelings
Death and the media	To determine what media portrays about death and assess what impact if any this makes on young people	Musical selections, video tape of T.V. programs and analyze them in class, rent films which would lend themselves to this objective, review coverage of death and dying in newspapers, major magazines, and obituaries
Humor connected with death	To determine how and why death and events related to death are treated in jokes, satire, and as general humor	Explore with class members how our culture uses humor in relationship to death, stories and jokes on death, folklore about death, a guest story teller to treat the topic in the class
Euthanasia	What is euthanasia, how does our society feel about euthanasia and what changes in policy should be carried out in health care practices?	Review several cases of life support systems and death, such as the Karen Quinlan case. Invite a nurse or doctor to talk about the topic. Explore attitudes of class members on this question: When is life no longer worth living or sustaining? Who should decide this type of question?
Dying for a worthy Cause	What causes are worthy of sacrificing your life or that of others? What type of commitment is necessary for death to be	Readings in religion, life story of Gandhi, war heroes, and talks from religious and political leaders

Area of Focus	Objective(s) voluntary?	Resources
Religion and Death	What contributions does religion make in helping us to understand and cope with death? Any problems created by religion in relationship to death? What are major and minor differences in world religions and death?	Examine various creeds, doctrines and values of several faiths in relationship to death? Form a panel and compare Catholic, Jewish, Protestant, Agnostic, Buddhist, Moslem, Native American Indian and others as necessary or appropriate on this topic.

Taken from: Schvaneveldt, Jay D., "Developing and Implementing Death Education in High Schools," The High School Journal 65:189-197, March, 1982

APPENDIX C

Death Education Unit - Outline

Day 1 -- Introduction to death education.
Survey on death.
Drawing: Visual Impression of Death.

Day 2 -- Vocabulary of death.
Funeral customs around the world.

Day 3 -- Protestant-Catholic View of death.
(Minister & priest guest lecturers).
Other religious views of death.

Day 4 -- Class collage on life and death.

Day 5 -- Filmstrip, Living with Dying, on how America lives with death

Day 6 -- Five stages of death, grief and bereavement.

Day 7 -- Film: What Man Shall Live and Yet See Death, Part I.

Day 8 -- Film: What Man Shall Live and Yet See Death, Part II.

Day 9 -- Pictorial report on epitaphs taken from cemetaries.
Death-related music.

Day 10 — Group reports on death

1) Life insurance
2) Military view on death
3) Medical examiner
4) People who have been brought back to life.

Day 11 — Fantasy exercise on death.

Day 12 — Field trip to funeral home.

Day 13 — Positive-negative euthanasia.

Day 14 — Explaining death to children

Taken from: Lang, Darrel, "Death Education: An Integral Part of School Health Education," Health Education 12:38-39, March/April, 1981.

APPENDIX D

Addresses for Additional Educational Information
On Death And Dying

The Association for the Scientific
Study of Near-Death Phenomena
P.O. Box 2309
East Peoria, Illinois

The Center for Death Education and
Research
Dr. Robert Fulton, Director
University of Minnesota
1167 Social Science Building
Minneapolis MN 55455

Concern for Dying
Educational Council
250 West 57th Street
New York NY 10019

Connecticut Hospice, Inc.
765 Prospect Street
New Haven CT 06511

The Continental Association of
Funeral and Memorial Societies
Suite 1100
1828 L Street N.W.
Washington, D.C. 20036

Foundation of Thanatology
Austin Kutscher, President
630 West 168th Street
New Haven CT 06511

Make Today Count
P.O. Box 303
Burlington IO 52601

National Forum for Death Education
and Counseling, Inc.
Eugene Knott, President
P.O. Box 1226
Arlington VA 22210

Primary Source: Crase, 1980

BACKGROUND

NAME: Ann Lorraine Martin

EDUCATION: Indiana State University, B.S., 1977
Major: Physical Education and Health
Minor: Health and Safety

EXPERIENCE: Aquatic Director, 1977-1978
Baxter YMCA, Indiana

Teacher, Grades K-12, 1978-present
Bremen Public Schools, Indiana

RATIONALE: There is a definite need for death education in a society such as ours where people avoid dealing with death. Through death education fears and myths which have been passed on through generations can be realized and developed into proper attitudes. As a physical and health educator and coach I feel that death education is a must. Through close contact with students in the classroom and in athletics and through health education courses I have gained experience in counseling and acquired knowledge of crisis intervention techniques, both of which are important for the death education instructor to be familiar with.